

Oregon Health Authority Clinician Alert

Interim guidance for novel coronavirus (2019-nCoV) first identified in Wuhan, China

01/22/2020

Please share with others who may need this information.

Background: The Centers for Disease Control and Prevention (CDC) is responding to an outbreak of a novel (new) coronavirus that began in Wuhan City, China on Dec 1, 2019 (2019-nCoV). There have been over 400 reported cases in multiple countries, with the first case in the U.S. in Washington State reported Jan 21, 2020. The information in this alert is *PROVISIONAL* and is expected to change as more information becomes available from global and national sources.

The initial cases were associated with an animal market in Wuhan City, China (population 11 million). Since then, there is evidence of person-to-person transmission.

Symptoms reported to date include fever, cough, and dyspnea. CDC notes that fever may not be present in the very young, very old, immunosuppressed, and people taking antipyretics.

The age range of cases in China is 15–80; those with underlying medical conditions may be at higher risk for severe disease.

Currently, three U.S. airports are screening travelers from Wuhan: San Francisco (SFO), Los Angeles (LAX), and New York (JFK), with plans to add screening to Atlanta (ATL) and Chicago (ORD) airports in the coming days. Symptomatic travelers from Wuhan will be sent from one of these airports to a local hospital for evaluation. Asymptomatic travelers from Wuhan will be given an information card with instructions on symptoms to watch for and how they can safely interact with healthcare professionals should symptoms develop.

Testing: We recommend that you ask people presenting with fever along with cough or dyspnea about travel to or from Wuhan within the preceding 14 days. Such patients should be isolated immediately, preferably in a negative-pressure room, and standard, contact, and airborne precautions observed along with eye protection. If patient does not need to be admitted, see CDC guidance for [home care](#).

Testing for the virus is currently available only at CDC. To arrange for testing of an Oregon patient, please obtain approval from the Oregon Health Authority, and arrange for shipping to the Oregon State Public Health Laboratory.

Specimen collection: All specimens should be stored on 2–8°F and shipped on an ice pack. Label each specimen container with the patient's ID number (e.g., medical record number), unique specimen ID (e.g., laboratory requisition number), specimen type (e.g., serum) and the date the sample was collected. We would like you to collect the following specimens from the lower respiratory tract, the upper respiratory tract, and serum. Full specimen guidance is [here](#).

Below is interim guidance for a rapidly evolving situation. For the most up to date information, go to the [CDC](#) website for health care and infection control providers.

| Patient scenario | Intervention | Notes |
|--|--|--|
| Patient who plans to travel to China | Review CDC travel alert with the patient. | Travelers to Wuhan, China , should avoid contact with sick people, animals (alive or dead), and animal markets. |
| Patient who is well and has recently traveled to Wuhan City, China or has had contact with a confirmed case or a case under investigation | Counsel the patient to watch for symptoms of fever, cough, or trouble breathing within 14 days of being in Wuhan, or within 14 days of last contact with the ill person. | <p>Patients who develop symptoms should call ahead to their usual source of healthcare for advice.</p> <p>If a patient needs evaluation, clinic staff should consult with infection control and plan a clinic entry and evaluation that minimizes exposure of others.</p> <p>If the patient is not sick enough to need evaluation, see CDC guidance for home care and contact local public health during daytime hours regarding the need for testing.</p> |
| <p>Patient who has fever AND symptoms of a lower respiratory illness (cough, difficulty breathing)</p> <p>AND</p> <p>History of travel to Wuhan City OR close contact to a symptomatic case in the last 14 days.</p> | <p>Evaluate under standard, contact and airborne precautions with eye protection.</p> <p>Contact the local health department where the patient resides or is staying.</p> | <p>Plan on collecting specimens for testing at CDC after OHA approval.</p> <ul style="list-style-type: none"> • Upper and lower respiratory specimens, and serum • If possible collect urine and stool. <p>If patient does not need to be admitted, see CDC guidance for home care.</p> |
| <p>Patient who has fever OR symptoms of a lower respiratory illness (cough, difficulty breathing)</p> <p>AND</p> <p>Close contact with a lab-confirmed case in the last 14 days.</p> | <p>Evaluate under standard, contact, and airborne precautions with eye protection.</p> <p>Contact the local health department where the patient resides or is staying.</p> | <p>Plan on collecting specimens for testing at CDC after OHA approval.</p> <ul style="list-style-type: none"> • Upper and lower respiratory specimens, and serum • If possible collect urine and stool. <p>If patient does not need to be admitted, see CDC guidance for home care.</p> |

Healthcare Infection Control: [CDC recommends standard, contact, and airborne precautions with eye protection for healthcare workers](#) evaluating a possible case of 2019-nCoV. When possible, use phone triage and assessment to do a detailed travel history and determine if patients who might have 2019-nCoV needs to be seen in person.

Follow guidance from your facility's infection control practitioners which may include the following:

- Use a negative pressure room if available; regardless of the type room being used, keep exam room door closed.
- If a person with possible 2019-nCoV arrives unexpectedly, mask the patient and room them promptly.
- If the patient is already in the clinic or waiting room, mask and room them immediately
- If possible, schedule possible 2019-nCoV patients as the last patient of the day.
- If feasible, consider patient evaluation outdoors at least 30 feet away from others. Once the patient is masked, escort the patient into the building for rooming.
- If possible, suspected 2019-nCoV patients should be escorted into the building via an entrance that allows them to access an exam room without exposing others.
- Minimize the number of healthcare workers interacting with the patient; caregivers should follow CDC guidance, which includes eye protection and an N-95 mask or higher level of respiratory protection.
- Collect all specimens and perform clinical interventions in the exam room if possible.
- The exam room should not be used until 2 hours after the patient has left and the room has been thoroughly cleaned and disinfected.
- Patients who are under evaluation for 2019-nCoV may isolate at home if they are not sick enough to be admitted. See CDC guidance for home care.

Report all possible cases to the local public health authority. To find your local public health authority, use [this directory](#).

Oregon Public Health Division 24/7 disease reporting: (971) 673-1111